DATE A DEL AGRICA DE LA CONTRACTOR DE LA								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD 69/4/0642													
CC/Amd 5-12-00 (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
			NUMBER FILED		NUMBER EXTRA		\prod	RATE	FEE		RATE	FEE	
BASIC FEE RCE										OR		790,0	
TOTAL CLAIMS			35 minus 35		· •		֓֟֞֓֓֓֓֓֟֟֓֓֓֟֟֓֓֓֓֓֓֓֟֓֓֓֓֟֓֓֓֓֓֓֓֓֓֟֓֓֓֓֟֓֓֓֓			OR		1707	
INDEPENDENT CLAIMS			(_p m	inus 🖡 =	• @					OR		-	
MULTIPLE DEPENDENT CLAIM PRESE] [1	OR			
• Il the dillerence in column 1 is less then zero, enter "O" in column 2								TOTAL	- [OR	TOTAL	7900	
(Colu			AIMS AS AM		PART (SMALL ENTITY		OR	OTHER T			
AMENDMENT A	100	CLAIMS REMAININ AFTER AMENDME	IG	NU PREV	HEST MBER WOUSLY D FOR	PRESENT EXTRA		RĄTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	76			OR		,	
	Independent	•	Minus	***		=	11			OR OR			
7	FIRST PRE	SENTATION (OF MULTIPLE D	EPENDE	NT CLAIM		11			OR			
(Column				(Colu	mn 2)	(Column 3)		TOTAL		OR	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAININ AFTER AMENDMEI		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Π	•		OR	<i>></i> ,		
	0-82) Independent	•	Minus	***		-	1			OR	-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							•		OR			
		(Column 1)		(Colu	mn 2)	(Column 3)	ADE	TOTAL IT. FEE		OR	TOTAL DIT. FEE	A.S.	
꼾ㅏ		CLAIMS REMAINING AFTER AMENDMEN		NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• •	Minus	••		=	11			OR			
	Independent	• ;	Minus	***		c c	\prod			OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	٠.		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. * If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT, FEE										OR	TOTAL DIT. FEE		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev.10-92)

